

MPA Application form



Date _____

Publishing Company Name _____

Phone Number _____ Email _____

Website(s) _____

Physical & Postal Addresses _____

Principal Contact Person _____

Position _____ Email _____

Phone number _____

Please show below the Titles that your company publishes in NZ

Title	Frequency	Circulation Audited independently? (N / Y - if so, by whom)	Readership Audited independently? (N / Y - if so, by whom)	Is this title circulated as Print (P), Digital (D), or both (PD)?

Names and Titles of your Directors / Senior Executives _____

Number of employees _____

Approx. Annual Turnover (NZ market only, combination of ad sales and income from circulation / other activities connected with the Titles) _____

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Membership Type/Level (refer MPA Fee Structure document)

What is your main reason for wishing to join the MPA?

What educational / networking aspects would appeal to your business?

If you are based outside Auckland, how often are you in Auckland for business?

How frequently would you consider attending relevant MPA educational / networking events in:

- Auckland?
- Wellington?
- Christchurch?

Credit References (company / name / contact details)

- 1.
- 2.
- 3.

Authorised Signature

Please complete all fields. Application form may be emailed or posted. A sample of each title is required to complete your application, either by email (digital copy) or post (physical copy). Members agree to send a copy of each issue to the MPA office for our files.